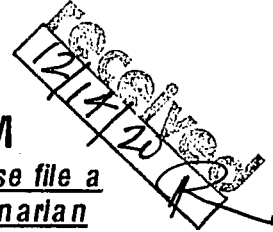


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian



PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Dec 14, 2020

Case Number: 21-69

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Nalani Yamada, DVM

Premise Name: AVECC - Emergency Veterinary

Premise Address: 7823 W. Golden Lane

City: Peoria State: AZ Zip Code: 85345

Telephone: 480-462-1700

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Tyler Kusch and Kelly Kusch

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Daisy  
Breed/Species: Canine - Australian Shepherd  
Age: 2 months Sex: Female Color: Red merle / TriColor

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Gloriana Halterman, Peoria location at AVECCC

(The staff on site 11/29/2020 at 6pm-8:45pm)

Peoria location: 7823 W. Golden Lane, 85345 480-462-1700

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Daisy's Primary Veterinarian at Parkway Animal Clinic  
25245 N. Lake Pleasant Pkwy Suite 1110, Peoria AZ 85383  
[REDACTED]

Ilyse Kusch and Kelly Kusch  
[REDACTED] [REDACTED]

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Dan Kuhl

Date: 12/9/2020

### **Allegations and Concerns:**

We picked up our new 2-month-old puppy from the breeder on November 27<sup>th</sup>, she had a clean bill of health and her first shots. Her first visit to our primary veterinarian was scheduled for Monday November 30<sup>th</sup> at Parkway Animal Clinic in Peoria.

On Sunday November 29<sup>th</sup> Daisy fell and was limping, didn't want to wait until the next morning to take her in so we took her to an after hour veterinary hospital to have her checked out. We took her to the AVECCC Emergency Clinic in Peoria. When we arrived to the clinic we called and gentleman came and got Daisy from the car, he was not wearing gloves or any coverings and asked if she had her shots because they were treating other dogs with Parvovirus. They called us for updates while we were waiting and said that Daisy is doing fine, cute, and the staff is enjoying playing with her. At this point we didn't think much of it.

Monday November 29<sup>th</sup> we took Daisy to her first check up at Parkway where she was said to be in good health but noticed a mass on her right shoulder that had some puss, they put her on medication for it. Other than that, she was in good health.

Wednesday December 2<sup>nd</sup> in the am Daisy was vomiting and had diarrhea, we thought it was the medication and took her in. Parkway Animal Clinic ran a Parvovirus test as well as other parasite tests, they came back positive for Parvovirus and Giardia. The veterinarian explained that signs show up within the three days and we traced it back to the veterinarian at AVECCC where she had been exposed to the virus.

We feel as if the AVECCC needs to be investigated for their procedures on how they are handling Parvo and ensuring other dogs do not get it. We feel Daisy got ill from this facility. Thursday December 3<sup>rd</sup> Daisy was rushed to the ER at Blue Pearl of Peoria and was in their care until Sunday at 1am when she passed away. She was not responsive to the treatment. We do not want other dogs or families to go through this because of the negligence of a veterinary facility. Not only are we mourning the loss of a loved one, but have accrued over \$4,000 in veterinary treatment costs. Please investigate AVECCC and their cleanliness of the facility.

**December 22, 2020**

**To Whom It May Concern:**

My name is Nalani Yamada and I am a doctor with Arizona Veterinary Emergency and Critical Care Center. Included below is a statement in response to the allegation or complaints made by the owners of a puppy named "Daisy" Kusch 10wk, F, Australian Shepherd, which presented on 11/29/20.

**Measures and Protocols to Prevent Spread of Infectious Disease**

As an emergency and critical care center it is of utmost importance to prevent the spread of infectious disease given the volume of patients (outpatient and inpatient) evaluated. In order to accomplish this all team members and doctors practice awareness of this aspect of our jobs and our responsibilities. It is understood that if there is ever suspicion for a patient having an infectious disease then personal protection equipment is utilized. This includes a non-porous gown covering front and back, gloves, and foot bathes. All patients are brought in a designated room for initial evaluation and this room is only used for this purpose. This designated room is cleaned with an appropriate disinfectant in between patients. All equipment used for initial evaluation is only used for these animals and is disinfected in between patients. If any animal is positive for an infectious disease or if there is a high suspicion they are then transported to isolation. Upon entering isolation there is a foot bath and personal protection equipment is used while in isolation. Foot bathes are used upon entrance and exit. There is equipment designated for isolation which remains in isolation and is not used elsewhere in the hospital. Team members are separated to have individuals available to help with healthy patients and to prevent exposure. Additionally, team members use a new pair of gloves for each patient and practice hand washing between patients. All areas of the hospital go through cleaning several times a day by both team members and a professional cleaning service.

**Account of 11/29/20 (Day of patient presentation)**

On 11/29/20, I was scheduled as the mid-shift doctor. As a mid-shift doctor the focus is outpatients versus inpatients; meaning that any hospitalized patients (parvo patients) I have practically no contact with no matter the reason for their hospitalization. I began my shift at noon and began seeing patients based on their stability, presenting complaint, and arrival time. Daisy presented around 6:30pm for limping after reportedly being dropped or falling from a child's arms. Daisy was triaged at the car per COVID 19 protocols and brought into the hospital. Upon entering the hospital, it was determined she did not have any clinical signs concerning for parvoviral enteritis and was placed in a clean kennel with a clean towel. The kennel happened to be an kennel that we use for oxygen administration when needed and had a glass door versus a grated door. This kennel had not been occupied throughout the day while I was working.

Any patient that presents with clinical signs fitting parvo or that are suspect are tested via Parvo SNAP test. During the previous one to two month period, including the time Daisy presented there was definitely a subjective increase incidence of parvoviral enteritis cases that were being seen in puppies and in older dogs that had received all vaccinations, even with reliable vaccines administered by a primary care veterinarian. My team was very cognizant of any puppies that entered the hospital and the importance of individuals that had not been exposed to suspected or diagnosed parvo patients being designated team members working with puppies with less of a suspicion or that tested negative. I identified available team members that had not had any exposure to help with the puppy if needed.

Prior to Daisy's presentation, I had assessed multiple adult patients but none of which parvoviral enteritis was a concern. There was a puppy that arrived prior to Daisy that upon presentation was stable and the SNAP Parvo test was negative. Due to Daisy being deemed otherwise healthy I examined her prior to examining the other puppy due to presenting complaints versus arrival times and being aware of contact between the two patients. We were very aware of the young puppies in hospital and prioritized decreasing their length of stay, as is done with all puppies.

I evaluated Daisy alone and in the kennel that she was located in. She did not move to other areas of the hospital other than the kennel. Only team members that had not had exposure were allowed to come in contact with the Daisy. This was verbally announced to the entire team, so that all were aware. Daisy was bright, alert, and responsive. She did not have any lameness and was running around the kennel. Orthopedic and neurologic examination did not localize any pain or lesions. A rectal exam was not performed due to the dog's size (1.08kg).

In speaking with Daisy's owner it was made known that they had just obtained the puppy and that she had apparently received her first puppy vaccination with the breeder which was confirmed to be for parvo. When asked further about the vaccine and if it was administered by a veterinarian, the owner made a comment about the breeder being a responsible breeder. I stressed to the owner that it was important to complete her vaccines and until then limit her exposure to other dogs or outside as there was a notable increase in parvo cases. A question regarding whether or not Daisy could obtain parvo by being in the hospital was asked. Informed the owner of how parvo is typically spread informing she could get it by being outside and compared it to visiting a human doctor. Reassured the owner that necessary precautions were being taken to prevent spread of infectious disease among all patients. The owner was informed of Daisy's physical exam findings and we discussed possible underlying causes including soft tissue injury or orthopedic. Discussed that if orthopedic then radiographs of the affected limb would be recommended next diagnostic step. During the conversation Daisy's owner informed me that Daisy had an appointment scheduled with their primary veterinarian the following day. Recommended that since an area of interest was not localized, pain medications, activity restriction, rest and follow up with the primary veterinarian were reasonable. The owner approved the plan.

Upon discharge, a designated male technician that had not had any exposure to any other puppies carried Daisy out to her owner. As he was designated "clean" he was not wearing personal protection except for gloves.

There was only one parvo puppy that was presented to the hospital on 11/29/20, which I evaluated, that was a transfer. As a transfer it was known that this patient was parvo positive prior to arriving and this patient arrived after Daisy had been discharged.

Sincerely,

A handwritten signature in black ink, appearing to read "Nalani Yamada". The signature is fluid and cursive, with a horizontal line at the end.

Nalani Yamada, DVM



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**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - Chair  
Christina Tran, DVM - **Absent**  
Carolyn Ratajack  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT - Investigations  
Beth Campbell, Assistant Attorney General

**RE:** Case: 21-69  
Complainant(s): Ilyse and Kelly Kusch  
Respondent(s): Nalani Yamada, DVM (License: 7633)

**SUMMARY:**

Complaint Received at Board Office: 12/14/20  
Committee Discussion: 6/8/21  
Board IIR: 7/21/21

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow).

On November 29, 2020, "Daisy," a 2-month-old female Australian Shepherd was presented to Dr. Yamada due to lameness. The dog was evaluated and discharged with pain medication.

The following day, the dog was evaluated at Parkway Animal Clinic. The dog was discharged with an antibiotic after an abscess was found.

On December 2, 2020, the dog was presented to Parkway Animal Clinic for lethargy, vomiting and diarrhea. The dog tested positive for parvo and outpatient treatment was provided.

The following day, the dog was brought to Parkway Animal Clinic for a SQ fluid demonstration and was discharged. Later that evening due to the dog's declining condition she was presented to an emergency facility where she passed away.

**Complainant was noticed and did not appear.**  
**Respondent was noticed and appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Ilyse and Kelly Kusch*
- Respondent(s) narrative/medical record: *Nalani Yamada, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Parkway Animal Hospital*

**PROPOSED 'FINDINGS of FACT':**

1. On November 29, 2020, the dog was presented to Dr. Yamada; she was the mid-shift doctor whose focus was on outpatients. This meant she did not deal with hospitalized pets, including parvo puppies.
2. At 6:30pm, the dog arrived and it was reported the dog was dropped or had fallen from a child's arms. The dog was triaged at the car per COVID 19 protocols and brought into the premises. According to Complainants, the technical staff member that took the dog from them was not wearing gloves or protective covering; he asked if the dog had been vaccinated as they were treating dogs with parvovirus.
3. Upon entering the premises, it was determined the dog did not have any clinical signs with respect to parvo and was placed in a clean kennel with a towel. There is a picture in the case file materials of two female technical staff members holding the puppy – both are wearing gloves and masks. The puppy had a weight = 1.8 kgs, a temperature = 102.8 degrees, a heart rate = 140bpm, and a respiration rate = rpm. The kennel the puppy was placed in was the kennel used for oxygen administration that had a glass door as opposed to a grated door. The kennel had not been occupied throughout the day while Dr. Yamada had been working (Dr. Yamada's shift started at noon). Due to the increase in parvo patients being seen, Dr. Yamada and her team were very cognizant of any puppies that entered the hospital and the importance of individuals that had not been exposed to suspected, or diagnosed, parvo patients being designated team members working with puppies with less of a suspicion or that tested negative.
4. Dr. Yamada did not evaluate any suspected parvo patients prior to examine the dog. When she examined the puppy, Dr. Yamada was alone and the puppy remained in the kennel. She noted some pain elicited upon extension/flexion of the elbow and shoulder of the right forelimb, and a moveable mass approximately 3 – 4cm caudal to the humerus and associated muscles; non-painful. No limping was noted.
5. Dr. Yamada called Complainants after she evaluated the dog. She was advised that the puppy had received her first parvo vaccine with the breeder. When asked more about the vaccine and if it was administered by a veterinarian, Complainants told Dr. Yamada that the breeder was responsible. They discussed how parvo is typically spread; Dr. Yamada cautioned Complainants about exposing the puppy to other dogs and recommended limiting the dog's time outside. Complainants asked about possible exposure to parvo while at the premises. Dr. Yamada explained that they take precautions to prevent the spread of infectious disease among all patients.
6. Dr. Yamada discussed the exam findings; she explained that the dog was not limping or overtly painful on the limb. Radiographs were discussed and Complainants advised that they had an appointment with their regular veterinarian the following day, therefore diagnostics could be performed there if necessary. Dr. Yamada recommended restricted activity and pain medication; Complainants approved. The dog was discharged later that evening with gabapentin oral solution.
7. Technical staff member, Mr. Rodriguez, carried the puppy out to the pet owners and

discharged the dog. He was designated clean, thus did not wear personal protection except for gloves. According to Mr. Rodriguez, he was the night outpatient technician and did not handle patients with infectious diseases, such as parvo.

8. The following day, the dog was presented to Parkway Animal Clinic for an emergency follow up. Complainants reported that the puppy had not been limping therefore no pain medications were administered. Dr. Clancy evaluated the puppy and found an abscess/infection and an enlarged lymph node. The dog was administered Drontal plus and discharged with Clavamox drops. It was recommended to apply warm compresses twice a day for 5 days and to avoid contact with other animals or unknown environments due to risks of parvo.

9. On December 2, 2020, the puppy was presented to Dr. Clancy at Parkway Animal Clinic for decreased appetite, vomiting, diarrhea, and lethargy with a duration of less than 24 hours. The dog was examined and was lethargic and hypersalivating with a tense abdomen on palpation. The abscess had decreased in size and the enlarged lymph node was now normal. A parvo snap test was positive. Complainants were made aware of the findings and treatment was discussed. Dr. Clancy offered outpatient and referral for hospitalization as treatment options – at the time, the dog was holding down food eaten prior to the appointment and holding down water according to Complainants, therefore outpatient treatment was pursued by the pet owners.

10. The dog was administered injectable cerenia, famotidine and SQ fluids and discharged with cerenia tablets, fortiflora, and a bland diet. Dr. Clancy gave the pet owners handouts regarding parvovirus as well as recommendations for referral for hospitalization if vomiting persisted overnight or the next morning.

11. On December 3, 2020, the puppy was presented to Parkway Animal Clinic for SQ fluid demonstration so Complainants could administer fluids at home. Practice Manager, CVT Matousek, assisted Complainants and the dog was discharged.

12. According to Complainants, later that day (12/3) the dog was rushed to an emergency facility and was in their care until the dog passed away approximately 3 days later.

13. Complainants expressed concerns that the dog contracted parvo at Dr. Yamada and Dr. Halterman's premises.

14. Dr. Halterman is the responsible veterinarian for Arizona Veterinary Emergency and Critical Care Center. She explained that all staff is instructed to wear gloves with every patient they handle, whether infectious or otherwise. With any that may be infectious, additional PPE with an isolation gown is worn and of course now with COVID all staff wears a mask while in the hospital. The premises has a dedicated infectious patient triage room utilizing one of their exam rooms. If the patient is deemed infectious, then they are kept in the isolation room during the duration of their stay in the hospital and the room is on the opposite side of the treatment area from the kennels housing the other patients. Any staff member that has worked with an infectious patient, especially those with puppies with parvo or possible distemper, are then considered not available to work with another puppy or young patient in the hospital, unless absolutely necessary and then the appropriate PPE is worn.

15. Dr. Halterman explained that KennelSol is the primary cleaning product which is used in spray bottles to clean surfaces and in the mop bucket for the floors, dilute bleach is used in foot baths for the infectious patient triage room and isolation room and then Rescue germicidal wipes. All tables and kennels are cleaned after having been used with either the KennelSol or Rescue wipes and now more frequent wipe downs of the surfaces throughout the hospital are done multiple times throughout the day and night due to COVID 19. Towels or potty pads are used on the tables as well for patient examination, diagnostics and treatment and used within the kennels. There are daily check lists to help standardize cleaning protocols and ensure they are being followed, which are initialed when completed.

16. Dr. Halterman believed that their standards of cleanliness and patient handling protocols were met the night the puppy was seen at their premises.

### **COMMITTEE DISCUSSION:**

The Committee discussed that determining the source of the dog's parvo exposure is difficult based on the incubation period and other factors. They felt Respondent's care of the dog was appropriate.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 4 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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Tracy A. Riendeau, CVT  
Investigative Division